

THE USE OF GROUP THERAPY IN THE SOCIAL ADJUSTMENT
OF PHYSICALLY DISABLED CHILDREN AT THE
DETROIT ORTHOPAEDIC CLINIC

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LIST OF TABLES

Table	Page
1. Club House Membership Groups for 1951 Showing Diagnosis.....	15

LIST OF FIGURES

Figure	Page
1. Chart of Agency Structure	5

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
Significance of the Study.....	1
Purpose of the Study.....	3
Method of Procedure.....	3
Scope and Limitations.....	3
II. THE SETTING.....	4
Agency Services and Program.....	4
Club House Facilities and Personnel.....	8
III. MEMBERS OF THE PROGRAM.....	13
Referrals.....	13
Members.....	14
IV. GROUP THERAPY IN THE PROGRAM.....	24
Group Formation.....	24
Role of Workers and Group Experiences.....	25
V. SUMMARY AND CONCLUSIONS.....	39
APPENDIX.....	43
Schedule.....	44
BIBLIOGRAPHY.....	47

CHAPTER I

INTRODUCTION

Significance of the Study

The child whose lot it is to be physically disabled, and there were "750,000 with orthopaedic and plastic conditions under twenty-one years of age as of the 1950 census,"¹ often evokes pity and sympathy from those about him. For the persons able to empathize with him, they will find that he is a human being, a child with the same drives for fun, achievement, and satisfying social relationships as children who are not handicapped.

Every child whether physically handicapped or non-handicapped should have a developmental process which will enable him to develop as intellectually free, physically fit, and emotionally stable as he is able. In order to become emotionally or socially adjusted this process should include opportunities for group life other than in his immediate family. The physically disabled child seldom has these opportunities and when he does, if with non-handicapped children, the competition may be disastrous for his normal social adjustment. The providing of group life for the social adjustment of physically disabled children through therapeutic group work, as described in this thesis shows the efforts of one Agency to meet this need.

Social group work like social casework is extending into settings other than agencies whose particular function is social group work. Today group work or its counterpart, group therapy, may be found in neuropsychiatric

¹

"The Crippled," Social Work Yearbook, 1951.

and children's hospitals, child guidance clinics, medical clinics, camps for physically disabled children and special projects.

Experience during World War II with recreation in military hospitals and recognition by some psychiatrists of the therapeutic value of group relations have served to hasten these trends. The growth of group psychotherapy by psychiatrists have given impetus to the practice among group workers.¹

Group therapy has adopted the group work approach and makes use of the social group work method. It is a conscious use of group relations and has as its aim with children to provide corrective experiences that will counteract, ameliorate, and relieve early traumata and deprivations suffered by children.²

The method of social group work aims at helping individuals use groups to further their development into emotionally balanced, intellectually free and physically fit persons and to help groups achieve ends desirable in an economic, political, and social democracy.³

Group therapy or the therapeutic use of groups is considered a trend in the basic method of social group work.

The Recreation and Group Therapy Program of the Detroit Orthopaedic Clinic, primarily a medical organization, is representative of the expansive trend of group therapy. The offering of casework services to every patient and a combining of casework and group therapy for patients exhibiting a need for social adjustment, reflects the impact of the psychiatric concepts of growth and development. Social work in this Clinic is further evidence that the medical profession recognizes that social and psychologi-

1

"Social Group Work," Social Work Yearbook, 1951.

2

Emmanuel Hallowitz, "Activity Group Psychotherapy as Preparation for Individual Treatment," International Journal of Group Psychotherapy (November, 1951), p. 337.

3

Gertrude Wilson and Gladys Ryland, Social Group Work Practice (Cambridge, Massachusetts, 1949), p. 62.

cal factors may influence the diagnosis and treatment of the patient. Here we have teamwork aimed at treatment of the whole child.

Purpose of the Study

The study was designed to show the application of principles of group work to groups for the physically disabled; and to describe the program and what it affords therapeutically to patients.

Method of Procedure

Resource data was used in determining the underlying principles of group work. A thesis then being written¹ was used in gathering data on the history and development of the Department. Most members of the Group Therapy Department were referred to the Department by their Clinic Caseworker when the need for a protective group experience was indicated. Illustrative material from Clinic Patient's case histories was used. Group records were used to show the needs of members of one group and efforts to meet these needs in the group.

Scope and Limitations

This study was confined to groups existing at the Club House of the Detroit Orthopaedic Clinic from September, 1951 to February, 1952. The study was further limited to two groups for which the writer had responsibility for either as leader or assistant leader.

1

Cynthia Stuart, "An Analysis of the Recreational and Group Therapy Program at the Detroit Orthopaedic Clinic as Seen Through Ten Cases," (Unpublished Master's Thesis, School of Social Work, Wayne University, 1952).

CHAPTER II

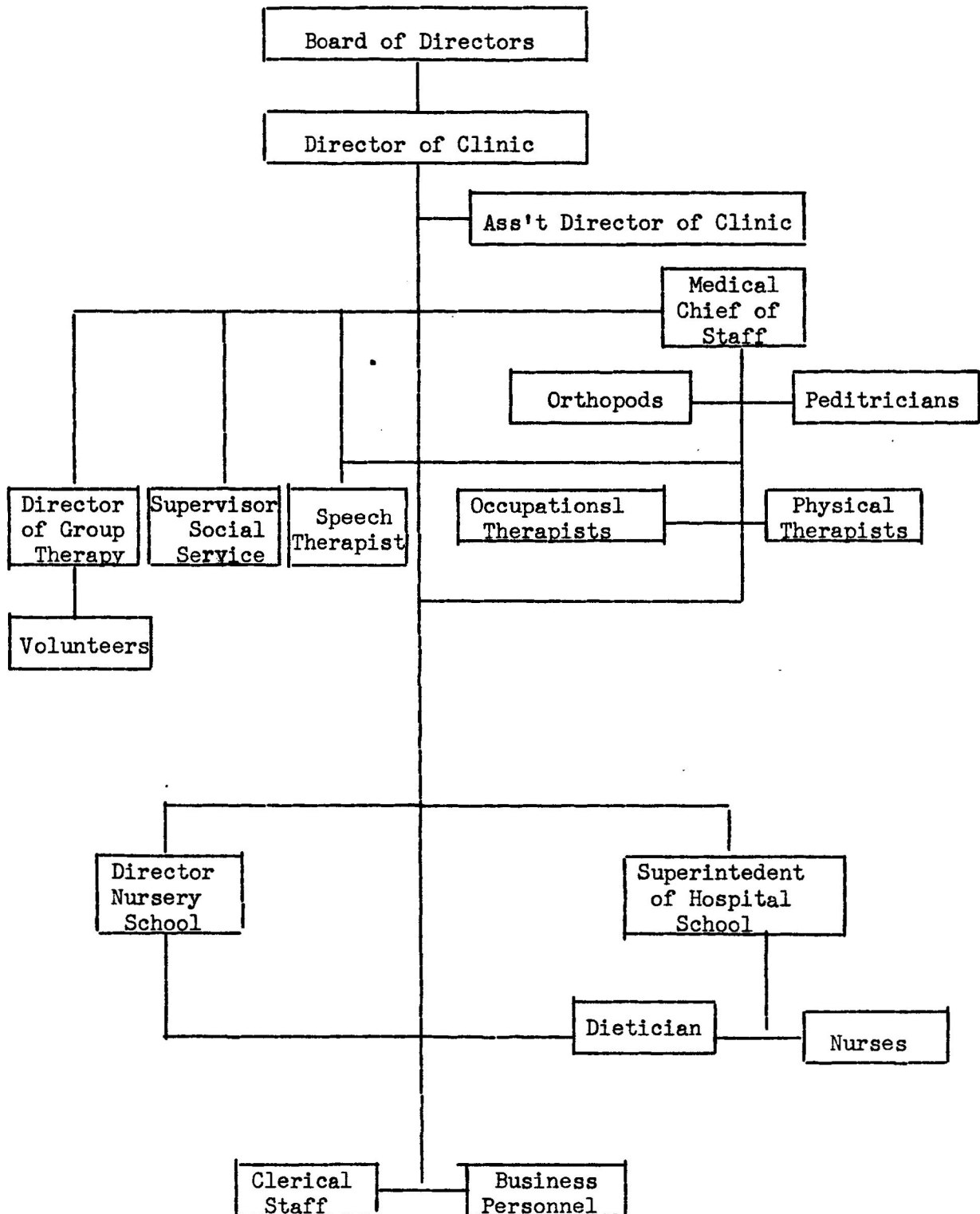
THE SETTING

Agency Services and Program

Agency services.--The Detroit Orthopaedic Clinic, established in 1920 by the local Sigma Gamma Sorority, has as its purpose, to offer total care for all children and young people up to twenty-one years of age with orthopaedic conditions. Their parents must be unable to meet the expense of the long term treatment usually required for such conditions. The Clinic, the main body of the organization, is located at 5447 Woodward Avenue. It is here that patients are examined by the medical staff, diagnoses are made, and treatment recommended. Surgery and other medical care for which the Clinic is not equipped is usually provided at Children's Hospital or some other Community Hospital. Physical, occupational and speech therapy are offered here for patients who need them. Casework services are provided each patient by a Clinic Caseworker; if psychiatric consultation is needed, this too may be provided through community resources.

Another unit of service, the Treatment Nursery School for cerebral palsied children, is located in the Clinic building. The therapies mentioned above are available for these children. In addition, there is the usual nursery school training in preparation for entering school. Near Mt. Clemens still another unit of service exists. This is the Sigma Gamma Hospital School, providing treatment, convalescent care and all grades of school for the children in residence there. The other unit of service is the Recreation and Group Therapy Department, this unit is located in another building within the immediate vicinity of the Clinic. (The Structure Chart of the Agency may be seen in Figure 1.)

FIGURE 1
CHART OF AGENCY STRUCTURE



Underlying the overall services of the Agency was one of the four cardinal principles regarding the care of the crippled developed in the past two decades. "Their care and treatment involve a comprehensive approach from the fields of health, welfare, education, recreation, and employment, requiring teamwork of the highest order."¹

Group therapy program.--The Group Therapy program was conceived in 1935 when a Clinic caseworker became concerned because one of her patients seemed unhappy because he had so little to do during his leisure. His social worker felt that a club program would help solve this problem. She found a few other interested patients and formed the first group which was composed of all boys and known as the Stamp Club. A second group was organized a year later for girls. This group program continued to grow although there was no central meeting place. In 1944 a clinical psychologist was obtained as the director. In 1946 a meeting place known as the Club House was obtained for housing the program. A professional group worker, Miss Dora Einert, became director of the program in September, 1947. Mr. Hudson Nyenhuis, another social group worker, filled the position of assistant director in September, 1951.

The following statement represents some of the thinking which went into the development of the Department.

It's recognized that the problems encountered in growing up are intensified for the severely handicapped child. Unable to participate in the activities of the neighborhood youngsters, he is denied the opportunity for normal social development through the "give and take" of group life. Too often such a child makes less and less attempt to form relationships outside his immediate family. He needs help in overcoming his feelings of insecurity, which add an emotional

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"The Crippled," Social Work Yearbook, 1951.

handicap to his physical one. To meet the needs of such handicapped children and young adults, the Recreation and Group Therapy Department offers a specially designed program.¹

Objectives of the group therapy program.--Under scrutiny the objectives of the Group Therapy Program were reflected in the underlying principles or basic assumptions of social group work. There is an inherent power in the group which may be utilized positively or negatively. The objectives of the program give evidence of the positive power of the group and the utilization of leisure for growth and development. The objectives gave evidence that the program was person centered rather than activity centered, as social group work should be. Further, the persons responsible for setting up the objectives are trained persons who have concern for the whole person and that they have insight into the meaning of interpersonal relations and the understanding of behavior. Finally, in the objectives of the program is evidence of the means to participate in the vital constructive struggle for a better life for all.

The objectives of the Department are quoted here:

1. To provide the opportunity "to belong" to a social group. The fact that it is composed of other handicapped children or young adults helps the new member to feel understood and accepted.
2. To encourage active participation in group activities which are geared to the abilities of the members. This assures children positive experiences rather than the threat of failure in competition with non-handicapped individuals.
3. To capitalize on the children's own wishes and ideas, provide an outlet for self-expression, and encourage initiative and creativeness.

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Files of the Recreation and Group Therapy Department, Detroit Orthopaedic Clinic, Detroit, Michigan, 1951.

4. To offer individuals and groups many appropriate opportunities for carrying responsibilities and giving service to the community.
5. Finally, to serve as a stepping stone which leads to assimilation in non-handicapped groups and in normal social life in the community.¹

Club House Facilities and Personnel

Location of the Club House.--The Club House in which the Recreation and Group Therapy Program is conducted, is located in the midtown area of Detroit, less than a half block west of the city's main thoroughfare, Woodward Avenue. For those members who are able to use public transportation, it is accessible in all directions, within a three block radius. This seems an important factor since ambulation is a problem for some members. The Clinic was located in another building separated on the north by the Children's Center of Metropolitan Detroit, a child guidance center. This site saves time for members who are combining the services of the Clinic and sometimes the Center with the program of the Department.

The Club House has a spacious green front lawn, which offers protection to members so prone to falling. This lawn is walled in on the north and east and bounded by a motor company garage on the west and the Club House on the south offering a bit of privacy as well as saving the modified activities and the members' deformities from the comments and curiosity of spectators. Many of the volunteers in the program are undergraduate students from Wayne University which is in the immediate vicinity. The public library, Art Museum, the Historical Museum, radio and television station in the area often become a part of the Club House Program.

¹

Ibid.

Leadership.--The professional staff of the Group Therapy Department was composed of two persons. They were the Director and the Assistant Director. Responsibilities of the professional staff were in these areas: administration of the Department, therapeutic group work or work with groups, supervision of basic workers, community planning for and coordination of the therapeutic group work services with the other services in the Clinic.

More specifically, duties performed by the Club House Director and Assistant Director were:

Leadership for the volunteer committee of Sigma Gamma members whose chairman was appointed from the Board of Directors.

Coordinating the program of the Department with the overall services of the Clinic.

Administration of the budget of the Department which was provided through gifts and donations.

Formation of groups and regrouping of members to best serve their needs.

Contacts and continuing satisfactory contacts with referral sources.

Conference with members of social service staff concerning special problems or progress of patients in order to better meet their needs.

Recruiting of volunteers.

Supervision of volunteers and two graduate social work students, one from Wayne University and the writer.

Individual work with members or on behalf of members.

Participation in the Clinic's staff meetings and planning and participation in the Department's weekly staff meetings.

Preparation of the Department's monthly report and annual report.

Interpretation of the Department's work to various community groups.

Supervision of the Recreation and Group Therapy Program at the Hospital School.

Process recording of group meetings.¹

Volunteers.--From the Department's Annual Report for 1951, it was noted that there were a total of 2,835 volunteer hours given in service, this seems unusually large. Another unusual feature was the ratio of assistant leaders to children. The ratio was one assistant leader to every two children. This was particularly true in the younger groups; the concentration was not so heavy in the older groups. This multiple leadership plan was developed because it seemed particularly important for a leader to be with children who were unable to relate to others at first and who needed a lot of individual attention before being able to move into group activity. Another factor that makes multiple leadership important is the inability of some of the children to move about the Club House by themselves. A volunteer was often able to slip into sub-group activities, providing the children with the opportunity to make friends with a non-handicapped person; as an adult he was often able to give the needed support to make participation with peers less threatening. Through participation a volunteer was often able to make a loss a little less painful, to give the opportunity to achieve by allowing himself to lose a game, to (by example) teach a lesson in how to lose or make use of an opportunity to support a weak ego.²

Program facilities.--The Club House occupies the second floor of the

1

Dora M. Einert, Annual Report of the Recreation and Group Therapy Department.

2

Hudson Nyenhuis, "Group Work in Special Settings - Detroit Orthopaedic Clinic" (Part of a panel delivered at the Detroit Chapter of A. A. G. W., Detroit, Michigan, February, 1952).

building at 65 West Ferry. This at first may seem a poor arrangement for disabled children, but there was an electric stair-traveller provided as a gift of the Wayne County Chapter, National Foundation of Infantile Paralysis. At the top of the stairs at a safe but convenient distance were several wheel chairs for members who must use them and whose chair at home might not be the folding kind. Just beyond the chairs was the Coca-Cola machine, which provided the "pause that refreshed." At the south end of this room known as the Games Room were the ping pong and pool tables. On the east side of the room was a record player, loud speaker system and stacks of records; along the north wall was located a piano, and the Club House library. The tables, chairs and sofas in this end of the room were arranged to make conversation and table games convenient.

The room to the east of the Games Room has been called the Craft Room. This name is only appropriate at times. At the west end of this room was found a study table for nailing, sawing and the like. Just beyond was a punching bag whose hide helped release many, many hostilities. On the other side of this bag was a cupboard filled with paints, crayons, cards, paper and other craft supplies. Just on the other side of the cupboard, was a telephone, where the anxieties of an over-protective mother could be dispelled. This room afforded another record player and records. Further along were an exhibition of some articles made at an earlier time, a can of clay, a box of wood, and an exercise bicycle that measured miles gone and registered achievement.

To the north of the room was the refrigerator and a table with a typewriter, to which many innermost thoughts were revealed. A basket stood over the door and a long table stood in the center of the room, where often

the serving of affection was the biggest thing on the menu. For girls, eager to practice the culinary art and whose shaky movements couldn't be tolerated in the busy kitchen at home, there was a kitchen from which the boys expected cookies to arrive.

There was other equipment for baseball, basketball, football, volley ball, shuffle board, badminton, and croquet. Then, too, there were two station wagons for bringing members to and from the program. All of this equipment helped create the permissive setting, provided a chance to do the things "other kids do", an opportunity for being creative, to enjoy one's self and the opportunity to achieve and grow.

CHAPTER III

MEMBERS OF THE PROGRAM

Referrals

The Recreation and Group Therapy Department usually obtains members from three sources. The first source being the Social Service Department of the Clinic, since the Department was established for Clinic patients. Each patient is assigned to a Caseworker who provides him with the necessary casework services. These may include helping the patient with adjusting to his disability, to treatment, living with or away from his family, or adjustment to school. In working with the patient, if the caseworker finds that he is making a poor social adjustment, she may refer him to the Group Therapy Department.

When a patient is accepted by the Department, pertinent data from his case history is provided by the patient's caseworker. From the time a patient is accepted in the therapy program, group records are made available to the caseworker. There is a free exchange of information on the progress the patient is making between the caseworker and group worker in order to facilitate meeting the needs of the patient.

Leland and Oakman are two public schools which Detroit has for crippled children. These schools are a second source from which the Department secures members. Like the Club House community the community of these schools is the whole of Detroit. The schoolmates of the children who attend these schools may live miles from each other. These children may have no ties with neighborhood groups and if there may have been ties with normal children the competition may have been disastrous for normal social adjustment. They may be without group life other than their immediate

families. When there is an apparent need for a group experience these children are sometimes referred to the Department by their school principals.

The third source which is significant was those who were members of the Club House sometimes referred friends whom they feel "need the place." Usually the members who refer a friend have found a degree of satisfaction in the program.

Members

Club House members ranged in age from eight years to early twenties. The membership represents a cross section of racial, cultural, denominational, and community lines. There were those who were in special grades and those who had attended or had been graduated from college. There were single members and married ones. There were employed members and unemployables.

Members of the Club had congenital conditions such as cerebral palsy, others had lived normal lives for a while and had then been attacked by thecrippler, polio, still others who had seemed normal for a while, had been mysteriously attacked by such conditions such as muscular dystrophy, a progressive disease with a prognosis--early death! For a breakdown of diagnosis and patient status of Club House members for 1951, see Table 1.

There were members whose conditions were so slight as to have been noticed only when the members were tense. Some were dependent upon braces, crutches, canes, artificial limbs, and wheel chairs. Others whose greatest disability was emotional, and even two members without a physical disability.

TABLE 1
CLUB HOUSE MEMBERSHIP GROUPS FOR 1951
SHOWING DIAGNOSIS

Groups	Total	Diagnosis			
		Cerebral Palsy	Poliomyelitis	Other	None
Total	140	44	50	44	2
I	12	5	5	2	-
II	13	6	2	4	1
Other	115	33	43	38	1

In this heterogeneous membership, emotional responses were found running the gamut from members whose emotional responses were passive to those who were excessively hostile. It was also found that whatever the responses were that their disabilities alone had not been entirely responsible. Kanner and Allen and Pearson seem to confirm this. "Acquaintance with the members of a handicapped group shows that their characteristics and modes of adjustment bear a closer relationship to early home experiences and the general emotional background than to the defect as such."¹

Before a great deal of study had been done on the personality of the physically disabled, certain traits were ascribed to persons with the same defect. There are descriptions in nineteenth century literature of the crippled personality, one tough, spiteful, vindictive, and even malignant.²

¹

Leo Kanner, Child Psychiatry (rev. ed., Springfield, Ill., 1950), p. 52.

²

Ibid.

Allen and Pearson found that:

Personalities of some children with physical defects are not affected by their trouble; those who reacted with feelings of inferiority, shame, inability to face difficult situations, a desire to be in the center of attention, and actual or fancied over compensation had causes for these reactions other than the physical defect alone.¹

From findings of studies of the physically disabled by leading psychiatrists, we may assume that physical disability may contribute to personality deviations but for the most part adjustment or maladjustment depends upon the number and severity of the problems facing the physically disabled child. This, too, may be said as well for the child without a disability.

In a recent article, a medical team composed of a psychiatrist, a psychiatric social worker, and a psychologist of Bellevue Medical Center describe the premorbid personality.

The premorbid personality is the sum total of the individual and his life experiences. It includes the patient's intellectual functioning state of physical health, conscious or unconscious image of himself, flexibility or rigidity of character traits, level of emotional maturity, former achievements, manner in relating to others, defense mechanisms, economic situations and acceptance from society and the family.²

Physically disabled children as well as other children cannot be adequately understood without the knowledge of the attitudes of the people about them. Every child is a product or an extension of his parents. Every child is a reflection of what his home situation is, in like manner

¹
F. H. Allen and G. H. J. Pearson, The Emotional Problems of the Physically Handicapped Child, quoted in Leo Kanner, Child Psychiatry (Springfield, Ill. /1950/), p. 52.

²
Ann M. Powers and others, "Mother-Child Relationships in Rehabilitation of the Physically Disabled," Journal of Social Casework (June, 1951).

the physically disabled child reflects the meaning of his disability to his parents.

Illustrative Data from Members' Case Histories and Referrals.--The profiles of the two groups studied by the writer are presented here as illustrative of the Club House membership. Both are groups of teenagers with teenage needs and other individual needs as the profiles will point up and suggest.

The First Group

<u>Johnny</u>	16 years	Special Class	Clinic Patient
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Johnny comes from a very warm Italian family, who lived in a good residential section of town. Johnny is a middle child, with an older brother and younger sister. His disabling condition is cerebral palsy, athetoid type. He has a 20% hearing loss, poor speech and impaired hand coordination. Johnny has been in school only two years. The physicians feel that Johnny is of normal intelligence, they also feel that there are no psychological tests for testing children with this particular combination of disabilities. Perhaps the most physically disabled member in the group, emotionally he is perhaps the most adjusted. Because of some regrouping this year, Johnny is one of the "old" members in his group and somewhat the leader.

The group has afforded Johnny a great deal of pleasure with boys with physical limitations near his own, and has gained for him some of the independence so important to adolescents from a mother that tends to over-protect him a bit. His need for relationships with boys of his own age and physical limitations are being met by the group.

<u>Tony</u>	15 years	Special Class	Clinic Patient
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Tony is the youngest of ten siblings, there is a twenty year difference in the age of the member and his next sibling. His parents were quite old, his mother died during the club year, after an illness of five years. His disabling condition was diagnosed as osteochondrodisplasia arthrogyroposes. Tony is dwarfed, has severe deformities of the hips and elbow joints. He walks with the aid of one crutch and apparently has some breathing difficulty.

He seems quite anxious at times and often regresses playing like a much younger child. This need to regress is often permitted in the hope that the need will spend itself and stimulation by the leader and group will help him with more mature activity.

Charles 16 years 9th Grade Former Clinic Patient

Charles is an American Negro. Charles' mother is dead and his father deserted the family a short while after they left Mississippi for Detroit. He lives with an older sister and her husband in a poor area of town. Charles' disabling condition is one of residuals of polio and is located in his right leg. He uses crutches and has a limp, but in the Club House, he always puts his crutches aside. Charles likes music particularly the piano playing and he plays well by ear.

He is a bit effeminate, retiring, and a chronic complainer. Charles needs approval and apparently to find his role as a male.

Larry 13 years 5th Grade Non-patient

Larry is an American Negro. He is the third of five siblings. His disabling condition is residual of polio. He has complete paralysis of the right leg. He was referred to the program by the school's principal.

In the group, Larry has a short interest span and is often very hostile and destructive. Larry's hostility suggests that he needs self-esteem.

Ray 14 years Special Class Clinic-Patient

Ray is the second son of a syrian born father and Kentucky born mother. Ray and his younger brother have the same disabling condition, muscular distrophy, which is progressive. The mother is unable to face the situation and the father has developed ulcers as a result of the boy's condition. Ray's condition was first noticed when he was two and a half years of age. At present his condition makes walking a great effort; it has been noticed that after some exercise he may collapse to the floor. It is difficult for him to climb stairs and to arise from a sitting position. Ray is considered a behavior problem in school.

He is the member with the lowest status in the group. He is provacative

and aggressive at an oral level. Ray needs achievement at his level of ability.

Jan 15 years Special Class Non-patient

Jan is a good looking, well dressed six-foot adolescent. He is the second of two siblings; he lives with his parents. He is totally rejected by his father, his mother said "there is no show of affection in our home." His disabling condition is cerebral palsy, the condition so slight until it is only noticed when he becomes tense.

Jan is extremely frightened, totally non-aggressive, and exceedingly retiring. Emotionally he is the most damaged boy in the group. Among Jan's many needs expression of his feelings is outstanding.

Ted 13 years 5th Grade Former Clinic Patient

Ted is the first of two siblings. His disabling condition is congenital spastic paralysis. He has an awkward gait. There is a warm relationship between the boy and his father, but the mother who has the same type of condition identifies with the boy and rejects him. Ted's principal feels that he functions below his capacity. Ted's interest is in mechanical things and crafts.

In the group he must have the undivided attention of the leader, it is hard for him to relate to anyone. He needs to laud over others and has tried to buy friendship. Ted needs to use his hands to achieve and to acquire some degree of security.

Gus 15 years Special Class Non-Patient

Gus comes from an Italian home. It was known that he had a younger brother and sister to whom he was very hostile. His mother is extremely overprotective. His disabling condition is cerebral palsy, his gait is awkward.

In the group he is non-aggressive, very accepting and relates easily. Gus needs to win his independence and to test his own strength.

The Second Group

<u>Sharon</u>	17 years	Clinic Patient
<u>Shirley</u>	16 years	Non-Patient

Sharon lives with her father, stepmother and younger sister. Shirley, also a member of the group who has recently returned from a state institution for delinquent and mentally retarded children. The children's mother died when they were quite young, the case history is full of their living in orphanages, homes of relatives, foster homes, and institutions. When the reality of this situation becomes too much for the father to face, he has been known to escape through alcohol. Sharon's condition was diagnosed as cervical spine, spina bifida with motor defect. Sharon's feet turn inward, she is easily over-balanced, and her hands are very weak. She is of normal intelligence. Shirley has no physical disability, but she is very dull.

In the group Sharon sometimes gives the appearance of being well adjusted; at other times she seems pathetic and quite unhappy. Shirley is trying to adjust to living outside an institution.

<u>Juan</u>	21 years	Clinic Patient
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Juan is the fourth son of Mexican born parents. He is very small and could easily pass for fourteen. His mother is extremely overprotecting. His disabling condition is cerebral birth palsy, spastic type. His gait is unsteady; he falls easily and has little use of his right hand. He walks with the aid of braces and crutches. Juan first attended school February, 1945; at that time he was placed in a special preparatory class due to his language difficulty he no longer attends school. His greatest interest is in jewelry making and he does quite a nice job.

In the group he is non-verbal, non-aggressive, exceedingly passive, accepting and retiring.

<u>Henry</u>	16 years	Special Class	Clinic Patient
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Henry is a Negro boy who lived with his mother and two sisters in a made over chicken coop prior to being placed in a foster home. His parents are separated. He had polio at the age of three. As a result he was disabled in all extremities

Aaron 16 years Clinic Patient

He is very verbal since he has little ability for doing anything else.

In the group she is aggressive, critical and rigid. The group affords her an opportunity to give vent to her feelings and to socialize with other disabled children.

Except for being a bit dull and a little timid, Libby is a typical adolescent. Her major concerns are her appearance, boys and independence.

Ann 14 years

Clinic Patient

Ann lives with her mother and two older siblings. Her parents are divorced. The children lived with their paternal grandparents after the separation of their parents. During this time they seemed quite unhappy. Ann's cerebral palsied condition involves particularly the neck, face, and tongue. She is confined to a wheel chair. Her head moves constantly and her eyes revolve. The school has excluded her except for six months. The mother has had a difficult time with the care and support of the children and has considered institutionalizing her.

The group affords Ann perhaps the only social outlet she has.

Carolyn 17 years

Non-Patient

Carolyn is the eldest of three siblings. The family moved to Detroit from a rural community in northern Michigan. The mother is apparently threatened living in a metropolitan area. There seems to be quite a bit of conflict between Carolyn and her mother. Carolyn's condition is cerebral palsy, she has an awkward gait and her hands are unsteady. She is dull mentally, but she attends trade school after having graduated from a special class. Carolyn's complexion is covered with pimples which may be an indication of her conflict.

Her behavior tends to be delinquent which it is felt is rebellion against her mother.

Gwen 15 years

Non-Patient

Gwen is an only child. Her parents live in a suburban area which symbolizes financial success. Her mother says her condition is cerebral palsy. She is a deaf mute. She walks on her toes. Gwen has a tutor for the deaf.

There is no way of knowing what she derives from the group. She usually requires individual attention. She can imitate quite well especially in drawing. She is responsive to any show of affection.

The profiles of two membership groups have been presented in this chapter as illustrative of the Club House members. Some definite needs of the members in Group I have been highlighted in order that through excerpts

of processed records in the next chapter we may describe the therapeutic aspects in the program. Among the needs found in Group I are: the need for social relationships with peers with limited physical abilities, the need to regress, the need for approval from adult figure and peers, the need for self esteem, the need for achievement, a need for security and a need for independence. Since all behavior has meaning, the needs exhibited by this group is indicative of the emotional deprivations each member has suffered.

CHAPTER IV

GROUP THERAPY IN THE PROGRAM

Group Formation

Every group leader must deal with organizing his groups in order to meet the needs of the members and to provide satisfying experiences. The group leader in a therapeutic setting is particularly selective since the primary purpose of these groups is treatment. Factors usually considered in accepting a member in a group work agency are: age, sex, maturity level and the stated interest of the prospective member, the needs may be discovered later.

In a therapeutic setting grouping of members is a part of the therapy; therefore, each child's behavior pattern is an important element in the experience and it is through the careful selection of children that a group is established where each child has therapeutic influence upon the others. The leader in a therapeutic setting usually considers before hand the fore-mentioned factors and in addition the obvious needs of the prospective members, through written referrals, conferences, personal observations or a combination of the three and may have some tentative goals in mind. Members at the Club House were usually grouped in this manner.

In addition, in working with disabled children their degree of disability had to be considered. Transportation was another factor which had to be considered. It was important to know whether a prospective member would need Club House station wagon transportation service or whether he could use public transportation or some other means of getting to the program. Another factor, Clinic patients were considered first in accepting new members.

Role of Workers and Group Experiences

Role of workers.--The worker's role is another aspect of the program's therapy. English suggests certain factors in addition to training which contributes to success as a worker in a therapeutic setting.

These he lists as an intuitive understanding of man's deepest needs, desires and conflicts; motivation on the part of the worker towards doing something about these needs, and desires, and conflicts; and patience and ability to endure strain and discomfort in the therapeutic situation.¹

Children in therapeutic groups usually are children who are emotionally deprived, deviates of socially acceptable behavior, sufferers of trauma, or victims of conflict, which may have been too numerous or too intense for them to have made adequate adjustments. For the most part, it can pretty safely be said that these deprivations and conflicts were suffered at the hands of or created by adults. These children are in need of a haven from those who deprived them of affection, acceptance, and approval. This haven is dependent upon the ability of the leader, whether professional staff or volunteer to help create an atmosphere conducive of therapy. The atmosphere or climate found to be most conducive to therapeutic group work is permissive. In this atmosphere the leader is an adult who is warm, accepting, understanding, patient, and firm when there is need to be. To the child the leader becomes the good, the understanding parent or sibling who is able to accept his feelings and behavior and still loves him. At the Club House

1

Spurgeon English, "The Breadth and Scope of Psychotherapy," Digest of Neurology and Psychiatry, quoted in Robert Hinckley and Lydia Herman, Group Treatment in Psychotherapy (Minneapolis, Minnesota /1951/), pp. 15-16.

with 31.43 of the members having a diagnoses of cerebral palsy and its accompanying condition of excess motion when tense, it is of prime importance that the type of atmosphere created be as natural and relaxed as possible.

The worker in this setting whether he is staff or volunteer must see each child as a whole person and then as a child with a disability. Because of the lack of successes or of infrequent successes these children must be helped by professional staff and volunteers to achieve so that they can prove to themselves that they are adequate and worthy. For the same reasons these leaders have to devise devious ways of stimulating interest in participating in activities. Children with orthopaedic conditions are often required to remain in hospitals away from their families for long periods of time. As a result they are often too threatened or lack the security to establish relationships. The relationship the worker establishes with the children is of paramount importance since this relationship is often the bridge in transference with others in the group and especially with the parent in the home. The worker is sometimes required to manipulate the situation, set the example, or by contagion help the members to grow and to achieve satisfying goals.

Members of the group therapy program had several possible leaders or adult figures, as has been pointed out. This enabled the workers to establish a relationship with the children who were unable to share an adult with their peers. The workers were able to help the children to move from a one to one relationship to that of small group relationships and then to the larger group. This very necessary one to one relationship on the part of the worker with the child in the therapeutic setting is seldom found in social group work or is seldom possible. To illustrate this one to one relationship of the worker to enable a child in movement, we shall use the

Case of Jan.

Jan is a boy who has been rejected at home. His emotions have been repressed for so long until no matter what he felt there appeared only a flat emotional tone. He was a frightened boy as the excessive motion of his hands gave evidence when he was tense. He established a pattern of retiring from anything threatening. His was a very weak ego, so weak until early in the worker's relationship with him he was unable to look at himself in the mirror. Jan was a boy very much in need of achievements. He was a child in search of approval from adults.

Introductions were made by the Director. The Director asked where Ray was and was told that he had misbehaved in school and had not been permitted to come. To this she said, "Tell Ray to be good as pie on Monday because we're expecting him." She suggested that Johnny and Jan show the new members around the Club House. Johnny, Tony, and Tim went over to the pool table. At this point the Director suggested that Tony use a wheel chair because he is so very short. Jan wandered off to the office as Johnny and the new members were about to start a game of pool.

In this excerpt we have W's first contact and observation of Jan and the group. His insecurity is apparent from his retiring from the group, a group of boys who attend the same school as he and some who are in the same ungraded class. The worker is not much in evidence since the approach at the Club House for new workers is somewhat of guest to be discovered by the members because so many are very threatened by new relationships.

Having finished our refreshments and saying goodbye to the other boys it was suggested that Johnny and Jan walk with me to Warren Avenue. On the way down, Johnny bounced out to the end of the sidewalk and back, while Jan who hadn't said a word to me while at the Club House, kept up a continuous patter in his soft spoken voice. He pointed out and named various buildings along the way. He asked where I was from; how I'd heard about the Club House, and if we had buildings such as these where I'd come from. Arriving at Warren Avenue, Jan and Johnny crossed to the south corner. Jan looked back and waved, then he touched Johnny, he too looked back and waved to me.

With the sharing of like experience in going home in the same direction, the informality of the atmosphere, the support of his friend and rival, Johnny, and the intimacy of the group Jan risks himself or extends

toward an adult. Here we see him at last taking the role he was asked to play earlier. Some rapport is also established.

When Larry and Charles had completed their game, Larry called over to say that we could not get the table. The W hadn't heard him so Jan touched W saying, "Let's play," as he pointed toward the table. When we had set the balls up, Jan asked who would break the balls. W said, "You'd better, Jan, because I don't think I'd do a very good job." With something very close to assurance in his stride, he walked to the other end of the table to break the balls. We continued playing and when Jan hit his third ball in, W also hit her third one in. When it was Jan's turn again, he first looked at the shelves with the balls on them, but unlike before remained calm but tried very hard. When we were near the end of the game, Johnny came in and made suggestions to both Jan and the W as how to aim and at which balls we should aim. Because these instructions were making Jan tense, as before, W said to Johnny, "Look at Jan's shelf, he doesn't need any help." Because Johnny was persistent with his instructions and because the W wasn't playing to win when he suggested a shot, W argued that she thought another was better. Johnny seemed disgusted at times. Finally Jan pushed him aside, when he offered a suggestion about a shot. After a while Ray and Gus came in as spectators, then Ray offered to make a difficult shot for him, but Jan pushed him aside saying, "No."

This is about the second time that Jan has played pool. It had taken a great deal of assurance, encouragement, and support on the part of the W to get him involved in the game. In the one to one relationship, through the activity the W is meeting his needs for ego strengthening and achievement. She creates a sheltering atmosphere for him from the other group members, who are threatening to him.

The W stood watching Johnny and Gus at pool until Jan came and asked her to help him put a jig-saw puzzle of the United States together. Not knowing whether he had any concept of the map, the W suggested that they find the corners, then the outside pieces. Johnny who had been watching was invited to play by the W. Johnny seemed to annoy Jan when he was excited and hurried. Jan finally said to Johnny that he had a puzzle like this at home. Once when Johnny gave Jan a piece of the puzzle to try, Jan said that it didn't belong there because that was Michigan. When the puzzle was completed the W pointed out Detroit and showed them on the map where the School she attended is. Jan then told us that he was born in Pennsylvania naming a city and saying that it probably wasn't on the map.

This excerpt points up the second step in helping Jan to build relationships. His friend, Johnny, the least threatening of the members to him, is included in the activity of working a jig-saw puzzle. The W participated to give support but partially withdraws allowing the boys to work out their situation. This is but one more step forward for Jan and again the activity provides another opportunity for achievement in the social skill of playing with others.

As the second pool game was ending, an assistant leader arrived. Johnny asked her to play Canasta, when W entered the room, he asked her to play, also. W said "Yes," but said that she needed a partner, maybe Jan would like to play. W excused herself and left in search of Jan. W returned from the kitchen where Jan was putting water on his hair with the promise, "I'll be there." He came in slowly, stood a bit tense, then the Assistant Leader and W said, "We're waiting for you, come along." Then W said, "You'll be my partner, your hand is ready for you." He took his cards up and leaned toward the Assistant Leader for help. Johnny immediately said to his partner, "You're my partner, you can't do that." "She said, "I can't, well okay," continuing to help. The game continued until Johnny very suddenly decided that he should go down with a Canasta; because Jan had quite a few cards in his hand, she prolonged the game another round, then she suggested to Jan what he should put down. When it was Johnny's turn again, he went out.

This excerpt points up another step in helping Jan move into a larger group. At the same time he has participated in different activities requiring different skills. He was not yet able to move into social situations alone, but as the process unfolded, movement could be seen. By the time this session occurs, Jan, who originally would not look at himself in a mirror, is showing concern for his personal appearance; he was able to look at himself in the mirror. Although he is moving, there is much more to be done before he becomes socially adjusted and able to build meaningful relationships.

Program and group experiences.--That consideration of members' needs

is of tantamount importance in programming is confirmed by the following authorities in the field of social work. Grace Coyle says in Group Work with American Youth: "As he (the leader) can increasingly perceive both the relationships that produce the group and the needs and interest of individuals he can more expertly help them to determine their program."¹

Gisela Konopka says in her Therapeutic Group Work with Children, "The activities of the group were chosen according to the needs of the boys."²

David Wineman in his article, "Group Therapy and Casework with Ego-disturbed Children," says:

Therapeutic recreational programming for disturbed children is thus built around the principle of suiting the activity to the need of the child. In this way activity planning becomes a kind of life net for the ego. It dispenses direct therapy through the provision of reality openings for expression. It gives structure to the ego by tying impulse demands closer to reality demands.³

Having established the main objective of programming as meeting the needs of group members, we shall use excerpts from processed records and an entire processed record of Group I in determining the ego needs of members and the reality use of activities and the worker's role in providing opportunities for expression. In the previous chapter from the profiles of the members of Group I the needs were found to be indicative of emotional deprivation. Group I was composed of eight teenage boys who attend the same school for crippled children. This group may be termed a "pool club" since the activity and common interest of the members centered around the

¹

Grace Coyle, Group Work with American Youth (New York, 1948), p. 170.

²

Gisela Konopka, Therapeutic Group Work with Children (Minneapolis, 1949), p. 13.

³

David Wineman, "Group Therapy with Ego-disturbed Children," Journal of Social Casework (March, 1949), p. 111.

Club House pool table. It was around this table that feelings were often released, a social skill was learned, a great deal of interaction took place and it was here that teenage boys were able to participate in a very masculine game.

Situation 1

Charles played the piano for a while and Tony and W started a game of checkers, when there was a sudden flair up at the pool table. Ray was heard to say, "Aw you can't play." "You hit the eight ball last." "You call the pocket you're aiming at." Johnny argued just as heatedly. They reared in each other's face, as if about to come to blows. A few more heated words were exchanged and then they settled down to playing again. It had been noticed by the W that Ray had an established pattern of arguing to compensate for his inadequacies.

At this point Ray has belonged to the group for only a month, Johnny for a year. Through this incident the reality testing of self with others and a beginning acceptance is experienced by Ray. Ray is a boy who is losing the strength in his muscles, so he is unable to physically fight back. Since activities are an outlet for aggression, the worker allows the argument to go on unhampered. Ray's need to achieve at his level is met by permissiveness on the part of the worker.

Situation 2

When W was in the other room Jan came over and asked the W to play a game of pool with him. W said she'd be glad to. During the game when Jan had hit three balls in the socket, W hit her first ball in. It was then that he told W that he started to learn to shoot pool and "now I can beat everybody." When he had five balls in, W hit her third ball in. This seemed frustrating to him and he started muttering as he aimed at the balls. W then spent her time pushing the white ball into a position from which it would be easy for Jan to make a shot. By the time he had balls lined across the shelf, W told him that he would have to start a new shelf. About this time W hit her fourth and last ball in. He then said, "But I'm still ahead." When W missed her shots, Jan would give forth a soft, "ha."

Here we have Jan who is rejected at home. After almost a year of belonging to the group, he is still unable to participate in a pool game. The worker invites him at one session to play and allows him to win, at the next session, he is able to ask another worker to play with him. Winning twice at the game, Jan is able to give some evidence of his feeling. The role of the worker here is one of ego support. His feeling about winning is expressed through fantasy but still gives the meaning of achievement to him.

Situation 3

It was during this time that Ray and Tony stood at the pool table pretending that the balls were cars and people and that the table was Woodward Avenue. There were wrecks and a pedestrian trying to get across had an accident.

Although this excerpt may have much more meaning, it illustrates Tony's need to play as a much younger child.

Situation 4

Soon afterwards, Gus and Tony started a game of pool with Ray. Jan and the W were looking on, when Gus remarked that his mother said that the dance would last too long and that he might get lost. Then he said, "What do you think of that when I'm sixteen?" W said that she didn't have to worry because the station wagon would bring him to the Club House from school and take him home after the dance. He stopped in the middle of a shot, pulled out his bill folder, and said that he had an idea. Then he asked if the Director would talk to his mother. The W assured him that she would. Gus dialed his home number and told his mother the Director wanted to speak to her. After the Director had secured approval for Gus to attend the dance, the Director suggested that he thank his mother.

The worker in the above excerpt handles the anxiety of Gus about attending the dance and then offers assurance to the mother at the same time she enables Gus to have an opportunity for a broader group experience and

a degree of independence from home.

Situation 5

The Assistant Leader said to Charles that we had something to tell him, so when he asked, "What?" she told him that the W would tell him. Later W noticed him playing an album of Marian Anderson's records; it was then he called to the W asking what did she have to tell him. Going over to the record player where he and Larry were, W told him that we were expecting a young lady at 4:00 o'clock who would give him piano lessons if he wanted to take them. W also said that we were glad because we knew that he liked music so well. His face literally lit up as he said, "I'm glad, I sure do."

The worker uses her relationship to enable a boy to build on his interest and at the same time afford an opportunity to develop a skill which will win for himself satisfaction and group approval.

Situation 6

Ted was playing with the electric wire of the record player while he explained how Larry could get a shock. The W said that it was dangerous, that he could be shocked too much or electrocuted. As if thrilled with living dangerously, he said, "I do it all the time." Getting the last word in, the W said that it was dangerous business. W then asked Ted if he had finished the figure he had started burning the previous week. He became very interested asking where was it. Larry wanted to know if there were any more. The W helped Larry to find a figure he wanted and Ted a stand for his. Larry began burning and Ted sawing, but then Larry decided he wanted to saw his figure, too. They were very interested and worked diligently for a while.

The two boys, who are usually very hostile, can be very destructive. Both boys are often encouraged to release their feeling on wood rather than against other members in the group. Burning and sawing both have elements of doing away with or cutting through. This activity provides the satisfaction and no one is hurt, it helps the child express and release his feelings and is a means of sublimation. Allowed to remain, these forces of aggression and hostility remain as an inner drive forever seeking outlet.

Situation 7

Johnny asked that W play ping pong with him. When they had hit a few balls, W asked Johnny if we could include Gus. Johnny was so willing he called Gus to come play. Gus smiling, said he wanted to get at pool, but until then I'll play "my spaghetti-eating friend," drifting towards Johnny's end of the table. We played for a while with both boys doing poorly. Jan came into the room wandering toward us, so W invited him to play, on her side. The longer Johnny played, the W noticed that he was more steady and even able to place balls.

The worker builds a sub-group around the activity in order to meet Johnny's need for companionship. By gaining greater acceptance of limitations, both boys are motivated to achieve to the limits of their capacity.

To give an over all picture of one of the sessions, a processed record is presented in its entirety. The relationships of the members to each other and to the worker and assistant leaders becomes apparent.

Group I Record

Two Assistant Leaders

Members Present: Gus

Jan

Johnny

Larry

Ray

Tony

Members Absent: Charles

Ted

Larry raced up the stairs and without resting his wraps selected a cue stick and started shooting balls. Gus and Johnny appeared, Gus said, "We were supposed to have the first game of pool this week." An assistant leader who was standing near the pool table said, "That's right, Larry, Johnny and Gus planned last week to have the first game." In an angry tone Larry replied that last week didn't count. He continued for a short time playing alone, then the others joined him.

Larry's aggression and hostility is apparent at the very beginning of the meeting, and also his inability to share. The other boys speak up

for themselves and are given support by the W. The situation is then worked out by the boys. Larry is from a large family and his disability of complete paralysis of one leg makes relationships difficult to make.

When Stanley reached upstairs, he came over to the pool table, tapped the W on the shoulder, and stood smiling. W said, "Hi, Stan, how are you today?" "All right, he said, how are you?" Then he was off to rest his wraps. Meanwhile, Ray came to the pool table wanting to be included in the game. Seeing no other cue sticks, he yelled to the W, "Where are the sticks?" W said that if there weren't anymore maybe he could take turns on a stick. When he said that Larry had the stick he liked, Larry very quickly and with hostility said he could not use his and would have to wait for the next game. Ray then stood by watching. During the game Larry said to Gus, "Come on chump, it's your turn." Gus called to Johnny, "Hey, spaghetti-eater, it's your turn." Ray said, "How many spaghetti-eaters do you have, you're always calling someone "spaghetti-eater." Gus only replied that Johnny was his spaghetti eater." Tony sat in a wheelchair a short way from the pool table looking on. When this game had been completed, Larry wandered off toward the piano and Ray picked up his cue stick.

Jan's need for attention from the worker becomes apparent from the time of his arrival. Ray is seeking approval from the group but is rejected by Larry who comes into the group rejecting everyone. Larry continues this pattern of releasing his hostile feelings on the members of the group. He even does some "name-calling." Gus also does some "name calling," however, there is a mutual feeling of acceptance in the name calling done by Gus, for he needs to identify with Johnny who is of the same national origin as himself. The relationship pattern can be noted in the above situation.

W said to Larry, "Do you ever play ping pong?" Then, "How about a game with me?" He said, "Okay, but I don't play very good." To this W replied, "You needn't worry, neither do I." During the game he talked a great deal about the Y. M. C. A. He informed W of the Branch he attends and told her that he had been a member of the swimming team because there were more chances for a team member to swim than others. He said that there were ping pong tournaments at the "Y", but that he hadn't even bothered about them because he didn't think he was any good at it.

W said, "I think you have the makings of a very good player, it takes practice, of course." He said, "I've got to get a good serve." To this W said, "You might as well practice now." With this we proceeded to practice serves and worked on speed. When it seemed that Larry was tiring, knowing that he has residuals of polio, W suggested that we stop because she was getting tired. Walking away she said, "Let's try again sometimes."

The worker attempts to remove Larry from the group so that his hostile feelings will not continue to be released against the other members. The worker is also able to interest him in a different activity and to help him to acquire another skill. His lack of esteem shows itself and the worker has an opportunity to support his ego. The worker protects him from himself when she notices him becoming tired. Larry's hostility was typical of so many of the children with residuals of polio at the Club House.

Walking away, W was met by Jan who held out a nickel to her. W said, "If you're collecting nickels, let me get our sheet so we can keep it straight." Previously, W had gone along at Jan's request to ask each member for his nickel, this was the first time that Jan was able to ask each person for his nickel. His manner of asking proceeded as follows: the person's name, a touch on the shoulder, an outstretched hand, and a soft "Your nickel," then "Thank you." W explained to Gus the reason for Jan's asking for the envelope and depositing the nickels with the girl in the office.

Jan's responsiveness to the group therapy program is evident through his progress or his willingness to risk himself further in moving toward people in his relationships.

Larry worked during this time on burning his name into a piece of wood. Just prior to her leaving, an Assistant Leader located a paint brush which soaking in a jar of turpentine, some newspapers for cleaning the brush on, and a jar of shellac. She explained and showed Larry how the remaining paint should be removed. Later, before leaving, the leader told the boys that she had to leave for a meeting downtown. Stan and the W went into the kitchen to prepare the food.

Because of his hostility, Larry is encouraged to work on wood for the release of his feelings.

The boy's money was not spent for food this week because there had been punch and cupcakes left over from the Dance given by the Supper Club on Saturday. At the table Ray and Johnny asked where the cupcakes and punch had come from. W explained how we had obtained them, then they wanted to know who had made the cupcakes and punch. Finally Ray said the icing was too hard. W reminded the boys that the Xmas Party would be the following week. After eating, W helped Larry work on cleaning his brush and opening the jar of shellac. When he had the brush as clean as he thought he could, he applied the shellac, but was disappointed when the shellac hadn't come out clear. He remarked that Ted called up to say that he wouldn't be at the meeting.

The questions about the food is evidence of a feeling often evinced at the Club House. It was the feeling that maybe someone had something that we didn't have, showing again the inability of many of these children to share. The W tries to help them to face the reality of the situation by explaining where the food had come from. Ray orally rejects the food. An interesting sideline to Larry's hostility at the meeting is that perhaps the hostility that Larry has been releasing has been displaced on the other members because his friends, Ted and Charles, are both absent.

When the station wagon had come, Jan asked if the W were leaving. W said that she had to lock up and straighten up a bit and asked if he wanted to help. He told Johnny to wait so the both of them stayed with the Assistant Leader and the W. In helping, seemingly Jan had helped lock up before because he could remember that the record players were to be disconnected and lights turned off. He asked if the Director would be back and couldn't she lock up. W said, "Yes," but that we still had to before we left. When he learned that the Assistant Leader was dropping the W off downtown, then he asked if he couldn't ride too. She said yes and the W said "We'll let Jan off at Forest Avenue so that he can catch his bus." When Johnny learned from Jan that the Assistant Leader would give them a ride, Johnny left immediately saying he'd walk. Jan, seemingly amused, told the Leader and the W that Johnny would not ride when women were driving. Arriving at Forest Avenue, W let Jan out of the car. He stood on the corner and waved goodbye.

This portion of the record points up again Jan's constant and continuing search for approval, acceptance, affection, peer support and for a relationship with adults.

The group therapy in the program includes the manner in which the groups were formed, the role of the workers, the facilities and group experiences. The Case of Jan showed the manner in which effort is made by the worker to establish a relationship with the members of the program. This Case further evinced the use the worker made of her relationship in helping the members in gradual movement from the relationship of the worker to that with two or more peers, and showed that there was much more to be done in helping Jan to accept the larger group.

The excerpts of other members in the program described the manner in which the therapy program was meeting the outstanding needs of the members of Group I. The group record showed the way that the hostility of one member of the group was handled and the use of the inherent value in woodcraft for the release of these hostile feelings. The record further evinced that the need for affection is expressed by the members on all levels and that it is the worker who loves, limits and enables the members to participate in activities and relationships with others.

CHAPTER V

SUMMARY AND CONCLUSIONS

Care of the physically disabled has varied throughout the centuries, from the extreme of exterminating the disabled young to the more humane attitudes reflected in their care and treatment by social agencies and other community institutions within the past two decades.

The Detroit Orthopaedic Clinic in its efforts to provide total care for its patients render these basic services: orthopaedic and medical care, casework services, physical therapy, occupational therapy, speech therapy, nursery school care for cerebral palsied children, treatment and convalescent care, and recreation and group therapy.

The establishment of the Recreation and Group Therapy Department was the result of the recognition of the inability of some of the patients' making a proper social adjustment because of the lack of opportunities for group life. This study was concerned with the application of principles of group work to groups for the physically disabled and describing the program of the Recreation and Group Therapy Department and what it affords therapeutically to its members.

The study included two groups (Groups I and II) one composed of ten teenage boys and the other of ten co-ed members. The period of the study was from September, 1951 to February, 1952.

The objectives of the Group Therapy Department were found to embrace the basic assumptions of social group work. Responsibilities of the professional staff of the Group Therapy Department were in these areas: administration, therapeutic group work, supervision of volunteers and grad-

uate students, community planning and coordination of the group therapy program with other services of Clinic.

An unusual feature of the program was the heavy concentration of volunteers. The ratio was one volunteer to every two children, this was particularly true in the younger groups. This heavy concentration of leaders was particularly important for: (a) those children who were unable to relate to others at first, (b) members who needed a lot of individual attention, (c) the inability of some of the children to move unassisted.

Equipment and facilities conducive for therapy in the program were: a large space such as the Games Room and the Craft Room, a variety of equipment which facilitated permissiveness, interaction, learning new skills, and the establishment of relationships. The equipment found to facilitate these were the pool table, the piano, crafts materials, the ping pong table, record players and station wagons.

Members of the program were referred to the Group Therapy Department from three main sources. They were:

1. The Social Service Department of the Clinic
2. Leland and Oakman Schools for Crippled Children
3. Through members in the program

Member disabilities found in Group I and II were:

1. Cerebral palsy
2. Residuals of poliomyelitis
3. Muscular dystrophy
4. Osteochondrodysplasia arthrogyposes
5. Spina Bifida
6. One non-handicapped member

The membership represented a cross section of:

1. Races
2. Cultures
3. Denominations
4. Communities

The outstanding needs of the members were:

1. The need for relationships with persons of the same age and limited physical ability
2. The need to regress
3. The need for affection, approval, and acceptance
4. The need for esteem
5. The need for achievement
6. The need for expression of feelings
7. The need for security
8. The need for a degree of independence

Factors considered in the formation of groups in the Group Therapy Department were: age, sex, maturity level, and emotional needs of the prospective members through written referrals, conferences, personal observations or a combination of the three.

Part of the role of a worker was considered his being warm, accepting, understanding, and both able to love and limit the children. The worker's role was one of: creating a permissive atmosphere, helping the members to achieve or by contagion helping the members to achieve and to grow.

The Case of Jan evinced the manner in which effort was made by the worker to establish a relationship with Jan. The Case of Jan further evinced the use the worker made of her relationship in helping the member in gradual movement from her relationship of two or more peers.

A variety of situations illustrated what the program and group experiences afforded therapeutically in meeting the needs of the members through:

1. Achievement at the level of physical ability
2. Opportunity to express feelings and to act out childish fantasy
3. A degree of independence from the domination of adults at home
4. Acceptance and satisfaction in the group experience
5. Release of hostility and gaining some security through activity

In one group meeting the therapeutic use of activities afforded the member release of his hostility through first release, then isolation, and finally woodcraft chosen because of its inherent value.

In conclusion it can be said that the group therapy program was helping its disabled members who were emotionally deprived, deviates of socially acceptable behavior, sufferers of trauma, or victims of conflict to become socially adjusted, through the relationships established with the workers. These relationships enabled the worker to support the egos of the members in turn the members through stimulation from the group to accept themselves and to acquire some social skills.

APPENDIX

SCHEDULE

I. Identifying Data

Referral Source _____

Patient's Name _____

Address _____

Sex _____ Race or Nationality _____

Age _____ Birthday _____
month day year

Place of Birth _____

Marital Status _____

Parents' or Guardians' Name _____

Parents' or Guardians' Address _____

Patient lives with: (a) Both Parents

(b) One Parent

(c) Relatives

(d) Others

Number of Siblings _____
brothers sisters

Ordinal position _____

Parents Educational Status _____

Father's Occupation _____ Mother's Occupation _____

Religious Affiliation _____

II. Education

School patient attends _____ Grade _____

As a student: Good _____ Average _____ Poor _____

Has the patient had psychological tests?_____

What were the results?_____

III. Diagnosis

General physical condition_____

Type of disabling condition_____

Degree of disability_____

Prognosis_____

How long has the patient been disabled?_____

What has been done about patient's condition?_____

What does the patient understand about his condition?_____

Emotional Component_____

How does patient feel about his condition?_____

Anything to verify this?_____

Parents' attitude toward patient_____

Anything to verify this?_____

IV. Social Interests

Name any groups patient has belonged to_____

Patient's special interests or abilities_____

V. Methods of the Social Group Work

Group formation_____

Use of workers relationship_____

Decision making and Program_____

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